

## ANNUAL REPORT

FISCAL YEAR ENDING JUNE 30, 2007

### LICENSEES ENGAGED IN THE BUSINESS OF CASHING CHECKS IN THE STATE OF TENNESSEE

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

#### REPORTING ENTITY

1. Name of Licensee \_\_\_\_\_ Licensee Number: \_\_\_\_\_
2. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location.
3. Business Type:
  - a) \_\_\_\_\_ Corporation b) \_\_\_\_\_ Partnership c) \_\_\_\_\_ Proprietorship d) \_\_\_\_\_ Limited Liability Company
  - e) PLLC \_\_\_\_\_ Other: \_\_\_\_\_

## SCHEDULE B

### STATEMENT OF INCOME AND EXPENSES FOR THE PERIOD FROM JULY 1, 2006 TO JUNE 30, 2007

#### INCOME

- |                                    |       |
|------------------------------------|-------|
| 1. Charges Collected and/or Earned | _____ |
| 2. Other Income (Itemize)          |       |
| (a) _____                          |       |
| (b) _____                          |       |
| (c) _____                          | _____ |
| 3. Total Operating Income          | ===== |

#### EXPENSES

- |   |       |
|---|-------|
| 4. Advertising  | _____ |
| 5. Auditing   | _____ |
| 6. Bad Debts  | _____ |
| (a) Charge-Offs   | _____ |
| (b) Deduct: Collections on Accounts<br>Previously Charged Off           | _____ |
| (c) Additions to Reserve for Bad<br>Debts                               | _____ |
| 7. Depreciation Expense   | _____ |
| 8. Insurance and Fidelity Bonds   | _____ |
| 9. Legal Fees and Disbursements   | _____ |
| 10. Postage, Printing, Stationery &<br>Supplies                         | _____ |
| 11. Rent, Janitorial Services and<br>Utilities                          | _____ |
| 12. Salaries of Officers, Owners, Partners                              | _____ |
| 13. Salaries of all other Employees                                     | _____ |
| 14. Taxes-Other Than on Income  | _____ |
| 15. License Fees  | _____ |
| 16. Telephone/Fax   | _____ |
| 17. Travel Auto Expense & Allowance                                     | _____ |
| 18. Supervision & Administration<br>(were not allocated to other items) | _____ |

Continued on next page

19. Other Expenses:

(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_

\_\_\_\_\_

20. Interest Paid on Borrowed Funds

\_\_\_\_\_

21. Total Expenses Before Income Taxes  
(Total Items 4 through 20)

\_\_\_\_\_

22. Income Before Income Taxes  
(Item 3 less Item 21)

\_\_\_\_\_

23. Income Taxes

(a) State \_\_\_\_\_  
(b) Federal \_\_\_\_\_

\_\_\_\_\_

24. Total Expenses (Item 21 plus Item 23)

\_\_\_\_\_

25. Net Income (Item 3 less Item 24)

=====

End of Schedule B

SCHEDULE C

BALANCE SHEET

JULY 1, 2007

ASSETS

1. Cash		_____
2. Cash in Bank		_____
3. Other Cash		_____
4. Accounts Receivable		_____
5. Securities		_____
6. Government Obligations		_____
7. Life Insurance on Officers, Stockholders, Business Owners		_____
8. Prepaid Expenses		_____
9. TOTAL CURRENT ASSETS		_____
10. Furniture, Fixtures & Equipment	_____	
(a) Less accumulated depreciation	_____	_____
11. Buildings	_____	
(a) Less accumulated depreciation	_____	_____
12. Land		_____
13. Leasehold Improvements	_____	
(a) Less accumulated depreciation	_____	_____
14. TOTAL FIXED ASSETS		_____
15. Other Assets		_____
16. TOTAL OTHER ASSETS		_____
17. TOTAL ASSETS (Total Items 9, 14 and 16)		=====

Continued on next page

## **LIABILITIES**

- |  |       |
|--|-------|
| 18. Accounts Payable   | _____ |
| 19. Accrued Payroll Costs  | _____ |
| 20. Rent Payable   | _____ |
| 21. Taxes Payable  | _____ |
| 22. Mortgages, Bonds, Notes Payable<br>(Short Term: Less than 12 months) |       |
| (a) Banks  | _____ |
| (b) Current Portion of Long Term Bonds<br>And Notes, Payable this Year   | _____ |
| 23. Other Current Liabilities  | _____ |
| 24. TOTAL CURRENT LIABILITIES  | _____ |
| 25. Mortgage, Bonds, Notes Payable<br>(Long Term: More than 12 months)   |       |
| (a) Banks  | _____ |
| (b) Long Term Bonds and Notes Payable                                    | _____ |
| 26. Other Long-Term Liabilities  | _____ |
| 27. TOTAL LONG TERM LIABILITIES  | _____ |
| 28. TOTAL LIABILITIES (Total Items 24 and 27)                            | _____ |

## **NET WORTH**

- |   |       |       |
|---|-------|-------|
| 29. Capital (if corporation _____ number)<br>shares issued and outstanding) | _____ |       |
| 30. Paid-in Surplus   | _____ |       |
| 31. Total Contributed Capital   |       | _____ |
| 32. Retained Earnings:  |       |       |
| (a) Balance (July 1, 2006)  | _____ |       |
| (b) Add Total Net Income  | _____ |       |
| (c) Deduct Distributions  | _____ |       |
| (d) Balance (June 30, 2007)   | _____ | _____ |
| 33. TOTAL NET WORTH   |       | _____ |
| 34. TOTAL NET WORTH & LIABILITIES<br>(Total Items 28 and 33)                |       | ===== |

**SCHEDULE D**

**ANALYSIS OF REGULATED CHECK CASHING BUSINESS ACTIVITY**

1. Total Number of Checks Cashed From  
July 1, 2006 through June 30, 2007: \_\_\_\_\_
2. Total Number of Checks Charged-Off  
From July 1, 2006 through June 30, 2007: \_\_\_\_\_
3. Distributions of Transactions

**Number of Checks Cashed Per Category:**

Face Amount of the Check:	(Government Check)	(Personal Check)	(Other)	Total
(a) \$1000 or less	_____	_____	_____	_____
(b) Greater than \$1000	_____	_____	_____	_____

AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ the undersigned being the  
\_\_\_\_\_ of the \_\_\_\_\_,

licensee swear (or affirm), that to the best of my information, knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any) are true and that the same is a true and complete statement in accordance with the law.

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A. D. \_\_\_\_\_

\_\_\_\_\_  
My commission expires \_\_\_\_\_